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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/825,359-Conf. #8104
		Filing Date	April 16, 2004
		First Named Inventor	Peter Gibson
		Art Unit	3762
		Examiner Name	R. R. Holmes
Total Number of Pages in This Submission	18	Attorney Docket Number	22409-00107-US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px; min-height: 100px;">         Remarks       </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	CONNOLLY BOVE LODGE & HUTZ LLP		
Signature	/Michael G. Verga/		
Printed name	Michael G. Verga		
Date	January 17, 2008	Reg. No.	39,410

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: January 17, 2008 Electronic Signature for Michael G. Verga: /Michael G. Verga/

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 22409-00107-US		
Application No. 10/825,359-Conf. #8104	Filing Date April 16, 2004	Examiner R. R. Holmes	Art Unit 3762		
Applicant(s): Peter Gibson					
Invention: IMPLANTABLE DEVICE HAVING OSSEOINTEGRATING PROTUBERANCES					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	59	- 88 =		x	
<b>Independent Claims</b>	3	- 4 =		x	
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b> Extension for response within first month					120.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					120.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>22-0185</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>22-0185</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
/Michael G. Verga/ Michael G. Verga Attorney/Agent Reg. No.: 39,410  CONNOLLY BOVE LODGE & HUTZ LLP 1875 Eye Street, NW Suite 1100 Washington, DC 20006 (202) 331-7111			Dated: <u>January 17, 2008</u>		
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).					
Dated: <u>January 17, 2008</u> Electronic Signature for Michael G. Verga: /Michael G. Verga/					